

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

69781133

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
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18						
19						
20	1					
21						
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23						
24	1					
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28						
29						
30						
31						
32						
33	1					
34						
35						
36						
37						
38						
39						
40						
41						
42	1					
43						
44						
45						
46						
47	1					
48	1					
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53	1					
54						
55						
56						
57	1					
58	1					
59						
60						
61						
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64	1					
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97						
98						
99						
100						
TOTAL IND.	12					
TOTAL DEP.	51					
TOTAL CLAIMS	65					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS